ELECTIVES AT THE COLLEGE OF HEALTH SCIENCES MAKERERE UNIVERSITY.

STUDENT APPLICATION FORM.

Application Instructions
On the enclosed application, fill out the duration of your stay and the departments you wish to rotate through in those weeks. It is possible to do a different service each week to gain a survey view of Mulago, or to do the whole month on one service if you wish a more focused experience. There is also a rural rotation available if you wish to see Ugandan medicine practised outside Kampala as well.

Please complete the attached application with the schedule you desire, and we look forward to seeing you here at Makerere University!

Completed Makerere University application form will consist of.
1. Letter of recommendation signed by the Dean/elective coordinator from the sending University.
2. Personal health insurance coverage during their study period at Medical School Makerere University and be able to show the evidence on request.
3. Hepatitis B immunization and Malaria Prophylaxis highly desirable.
4. Brief background statements that we can use to introduce you to your instructors.
5. Clear goals for this experience. (Why do you want to study Medicine in Uganda.)
6. Your recent photograph.
7. Remit Administrative fees on Makerere College of Health Sciences account if possible.

For further information on fees, curriculum, courses etc. please write to the Deputy Principal College of Health Sciences at deputyprincipal@chs.mak.ac.ug

Contact Person: Coordinator International Programs, College of Health Sciences Makerere University Nassaka Susan. Telephone +256-414-542999
Email sbyekwaso@yahoo.com/snassaka@chs.mak.ac.ug or/and internationaloffice@chs.mak.ac.ug

Note

✓ Please scan the filled application and supporting documents and send them by email.
**ELECTIVES AT THE COLLEGE OF HEALTH SCIENCES MAKERERE UNIVERSITY.**

**ACADEMIC YEAR**

**FIELD OF STUDY:** Medicine

**SENDING INSTITUTION**

Home Institution: .................................................................

Elective coordinator (contact person) in home institution.

Name..................................................................................

E-mail ........................................ Telephone............................

Fax : ........................................

**Emergency contact in home country.**

**STUDENT’S PERSONAL DATA**

<table>
<thead>
<tr>
<th>Family name:</th>
<th>First name (s):</th>
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</thead>
<tbody>
<tr>
<td>Date of birth:</td>
<td>Sex:</td>
</tr>
<tr>
<td>Place of Birth:</td>
<td>Nationality:</td>
</tr>
<tr>
<td>Current address:</td>
<td>Permanent address (if different):</td>
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<tr>
<td></td>
<td>Tel.:</td>
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<td></td>
<td>E-mail:</td>
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</tbody>
</table>

Current address is valid until: ..............

**HEALTH INSURANCE**

<table>
<thead>
<tr>
<th>Insurance company</th>
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</thead>
<tbody>
<tr>
<td>Insurance number and validity</td>
<td></td>
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</tbody>
</table>
PROPOSED FIELD OF STUDY PROGRAM AT THE COLLEGE OF HEALTH SCIENCES

Write according to the order of choice- Please fill this part.

Program
- Internal Medicine
- Paediatrics
- Obstetrics & Gynaecology
- Surgery
- Pharmacy
- Clinical Rotation Psychiatry
- Research Project
- Rural rotation

Course title/Subject (see next page for choices available)

Rotations must begin on Monday.
Please specify dates and order of priority.

ADDITIONAL INFORMATION

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Student’s signature             Date and Place

Sending institution

We confirm that the proposed program of study is approved

……………………………………………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………………………………………

Elective coordinator             Date and Place.

Clinical rotations.
The suggested minimum duration of clinical rotations is 2 weeks. The application has to go through the international liaison office in the Dean’s offices. The departments will determine whether they accept a student or not. Please mention on the application form a 2nd and 3rd choice in case 1st choice cannot be met because of capacity problems. (Please choose from these units)

Possible available rotations.

1. INTERNAL MEDICINE
   - Cardiology.
   - Infectious Diseases
   - Gastroenterology.
   - Endocrinology
   - dermatology nephrology
   - Endocrinology
   - Rheumatology
- Haematology/ oncology
- Neurology
- Emergency Medicine (Casualty)

2. **PAEDIATRICS.**
   - Acute care unit (Emergency ward)
   - Special care unit (Neo-nates)
   - Nutritional Unit (Mwanamugimu).
   - Sickle cell clinic
   - General Paediatric

3. **SURGERY**
   - E.N.T
   - Neurosurgery
   - Ophthalmology
   - Urology
   - Card thorax
   - Dentistry
   - Paediatrics
   - Orthopaedics
   - General Surgery
   - Plastic surgery

3. **OBSTETRICS AND GYNAECOLOGY.**
   - Obstetrics
   - Gynaecology.

4. **PSYCHIATRY.**
   - Mulago Hospital
   - Butabika Hospital

5. **Anaesthesia**
   - Perioperative care
   - Chronic Pain
   - Intensive care medicine
   - Research in obstetrics Anaesthesia (Contact person Dr. Arthur Kwizera – kwizera.arthur@gmail.com)

6. **Dentistry**
7. **Pharmacy**
8. **Radiology**
   - Ultra Sound.
   - Plain Radiology
   - Interventional Radiology
   - Radiotherapy
   - Clinical imaging based on systems e.g. Respiratory, Gastroenterology
   - Breast imaging.

9. **Community Based Education and Services (COBES).**
    Community Based Education and Services (COBES) is an off campus service learning which combines educational and service objectives and provides real life experiences for students. Students are posted for community internships in various hospitals and health centres ranging from District (General) hospitals, missionary hospitals, private hospitals, health centre III, health centre IV and private medical centres throughout the country. Students participate in facility and community activities as guided by the medical officer at the health centre.
Appendix I
Guidelines for Research Proposals for approval of research to be carried at the College of Health Sciences Makerere University

The following guidelines and standards are required of all research proposals to be forwarded to the School of Medicine College of Health Sciences.

1. A letter from the sending Faculty/Institute confirming institutional review, and ethical approval.
2. Inclusion of at least one supervisor/co-investigator from the College of Health Sciences.
3. The proposal should have the following format:
   i) Title page
   ii) Table of contents
   iii) List of abbreviations, acronyms as well as operational definitions.
   iv) An abstract, to include a brief background, study objectives, study design, methods, outcome measures and utility of your study.
4. Major emphasis and effort should be placed on your methodology section to include:
   i) The research questions
   ii) Objectives of your study
   iii) Your detailed study design
   iv) Details of your study setting and the study population.
   v) Your inclusion and exclusion criteria
   vi) Sample size estimation
   vii) Study procedure, including a questionnaire
   viii) Ethical considerations, including consent/assent from your study subjects and their protection from harm.
   ix) Planned analysis of results.
   x) Anticipated study limitations.
   xi) Dissemination of your results
   xii) Detailed references.

It is only after all these requirements are met that the Committee will review your proposal. Please note that the recommendations of the committee are binding.

Thank you for your interest in carrying out research at the School of Medicine College of Health Sciences Makerere University
Appendix II : Administrative fees structure

1) 250 USD or its equivalent for 4 weeks or less.
2) 300 USD or its equivalent for a period of 6 weeks.
3) 500 USD or its equivalent for students staying for more than 6 weeks.
4) 300 USD or its equivalent for students undertaking research and clinical rotations for 4 weeks.
5) 250 USD or its equivalent for residents.

Payment of the money

Option 1: Remit the money on Makerere University College of Health Sciences Research before you arrive. Details of the account.

**DOLLAR ACCOUNT**

Bank: Stanbic Account (U)
Branch: Corporate Branch
Title: Makerere University College of Health Sciences Research
ACCOUNT NO: 0240059133501
BANK SWIFT CODE: SBICUGKX

Option 2
Pay the equivalents of the funds in either USD dollars or its equivalent in Ugandan shillings.

Note: Please make sure you pay all the fees during the first week and clear all payments before departure.
Appendix III

Housing recommended by school of medicine College of Health Sciences

1) Makerere Guest House located on Makerere University
   It is located on Makerere main campus, approximately 3-5 minute taxi ride or 20 minute walk from Mulago hospital.
   Charges:
   Single room: US$ 45 per day.
   Double room (single occupancy): US$ 55 per day.
   Double Room (double occupancy): US$ 40 per day.
   All inclusive of breakfast.

2) Mulago Guest House located on Mulago
   It is located on Mulago Hospital Complex, approximately 3-5 walk to Mulago hospital.
   Charges:
   Single room: 50,000 Ug.Shillings
   Double room (Double occupancy): 75,000 Ug.Shillings
   Double Room (Triple occupancy): 100,000 Ug.Shillings.

3) Social Research Flats on Makerere University Main Campus:
   Single Room Flat let: US$ 50$ per day.
   A double flat let is also available.
   Option for cooking facilities available.
   Contact person. Mr. George Owori
   Email: Tel: +256782650881

4) Human Rights and Peace Centre, Faculty of Law Makerere University
   Apartments
   Rate: US$ 35 per day
   Contact person Grace 256-782727712 or 256-41-532954
   Email: gnakasi@law.mak.ac.ug
   Website.www.huripec.ac.ug

5) NUFU House
   Single room 60,000
   Double room 80,000
   Telephone no. 256-41-541280
   Email:
   Internet is available 24 hours